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views in regard to the unconscious psychic causation and cure to be abundantly confirmed. The victim takes refuge in his symptoms, not for the purpose of preserving his physical but his psychical existence. There are very few war psychoses but very many neuroses. The conditions of the soldier's life involve the constant narrowing of his ego complex. He is an inconspicuous unit in a vast whole, must have no will of his own, and the narrowing and suppression of his consciousness represent the initial stage of the war neurosis and consciousness may be lost suddenly. Then the unconscious has its innings. By hypnosis he can be made to live through his experiences, and this was found to be very effective. Doctors who devise systems of torture, hunger cures, dark rooms, prohibition of letters, painful electric currents, etc., to compel patients to abandon their neurotic symptoms, really recognize Freud by inversion of his fundamental principles, *i.e.*, they make the patient wretched to force him to flee into health.

Jones' articles is more controversial, and is a defense of Freud's theory of the neuroses. War itself is an explosion of forces that are in conflict with the standards of civilization. "It is an official abrogation of civilized standards" sanctioning barbaric activities. He tells us that the readjustments necessary in war are "by no means so difficult as can arise in various situations appertaining to the field of sex." He takes his departure from Narcissism, and suggests that not only sex suppressions involved in war but wounded self-love, the severity of discipline, the imminence of danger and even death, and fear, which is the thing centrally to be considered (because, as Freud teaches, all psychoneurotic symptoms are constructed to prevent the development of fear and anxiety), will be found, when we have fully understood the war neuroses, to be the key to the explanation of all symptoms.

A Psychoanalytic Study of Manic-Depressive States. By LUCILE DOOLEY. *Psychoanalytic Rev.*, 8, no. 2, April, 1921.

This is a very interesting and critical study of five cases of a mental symptom-group which it has generally been supposed psychoanalysis cannot help; but the author concludes that, while in general the psychoanalytic results have been meager and doubtful, there was material assistance, especially in three cases, which had not however become chronic. In one there were real alternations in cycle although there was little likelihood of permanent recovery. In another, a bigoted, self-willed character, there was little help because the patient did not cooperate. None of the cases had much intellectual training, and this is very important, as has often been pointed out, especially for securing the needed attention and interest. Four out of the five cases had reached puberty at an unusually early age, and all had developed sex repressions as a result of the mother's failure to meet their needs at the critical time. There was unsatisfied curiosity, doubt, and fear before twelve years, when the patients were unable to meet their problems without help. Thus all four patients who married did so with lack of self-control, excessive bashfulness, modesty, prudery, incipient homosexuality, so that their marital relations were unhappy. Their delusions were usually attempts to fulfill regressive wishes, and it was possible to trace the stages of regression step by step to deeper and deeper layers of the unconscious. Thus the manic-depressive type does seem, contrary to the usual conceptions, sometimes to descend to levels as low as those reached by dementia praecox. The manic-depressive character is extroverted, always trying to relate itself to the environment, but minimizing the subjective element. The behavior of manic attacks is evidently a defence reaction, and in a depressed phase offence is no longer possible under profound consciousness of defect. Hence the difficulty of psychoanalytic treatment. The patient cannot bear to hear the truth.